

# FINANCIAL ELIGIBILITY WORKSHEET

## Income Verification/Self-Declaration/Statement of Management

NAME OF HH MEMBER	WAGES	CASH	CH	TANF	SSA	SSI	VA	PENSION	UCB	WC	OTHER	NO INCOME ENDED WHEN?	WEEKLY	BI-WEEKLY	MONTHLY	OTHER	Monthly Totals	Annual Totals
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If no income, how have you managed your household needs (food, clothing, shelter etc.) without income?

Certification: I, \_\_\_\_\_, certify that all information and explanations I have given concerning my income and living situation are true. I have \_\_\_ have not \_\_\_ provided documentation.

Applicant's Signature

Date

Staff Signature

Date

FY 2007-2008 Poverty Income Guidelines	
People in the Household	Income Limit (125%)
1	\$12,763
2	\$17,113
3	\$21,463
4	\$25,813
5	\$30,163
6	\$34,513
7	\$38,863
8	\$43,213
Add this amount for each additional person in the Household with more than 8 people.	\$4,350

Approved

Denied

\*These income limits are based on the 2007 U.S. Department of Health and Human Resources Poverty Guidelines published in the Federal Register Vol. 72, Number 15, January 24, 2007 pp. 3147-3148